GROUP MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey

Ву

AARP (issued by United Healthcare)

Telephone: 1-800-523-5800

F	PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS					
PLAN	MONTHLY PREMIUM	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	* PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$876 DEDUCT. (2004)	\$219 COPAY FOR DAYS 61-90 (2004)	\$438 COPAY FOR DAYS 91-150 (2004)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$109.50 COPAY FOR DAYS 21-100 (2004)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$100 ANNUAL DEDUCT. (2004)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE	
A	74.25	Yes**	3 mos.		Yes	Yes	Yes					Yes		Yes					
В	122.50	Yes**	3 mos.	Yes	Yes	Yes	Yes					Yes		Yes					
С	141.75	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes				
D	132.75	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes			
Е	140.25	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes			Yes	
F	170.50	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes				
G	164.25	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes			
Н	177.75	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes		Yes ¹		
I	209.50	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes	Yes ¹		
J	275.00	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes ²	Yes	

^{*} PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY. (See Guide to Health Insurance for People with Medicare.)

STATE OF NEW JERSEY STATE HEALTH INSURANCE ASSISTANCE PROGRAM S.H.I.P. DEPT. OF HEALTH & SR. SERVICES JANUARY 2004

^{**} SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN-ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

^{1. &}quot;BASIC" BENEFIT WITH \$250 ANNUAL DEDUCTIBLE, 50% COPAY AND A \$1,250 MAXIMUM ANNUAL BENEFIT.

^{2. &}quot;EXTENDED" BENEFIT WITH \$250 ANNUAL DEDUCTIBLE, 50% COPAY AND A \$3,000 MAXIMUM ANNUAL BENEFIT.